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instructions

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

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N. B.

1 PLACE OF DEATH 1480 108	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Westminston (No	Registration Dist. No. St.; 2dward) St.; 2dward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married Widowed, Worder (Write the word)	16 DATE OF DEATH 2 27 ,191.4 (Month) (Day (Year))
6 DATE OF BIRTH Aug 20 , 1837 (Month) (Day (Year)	that I last saw h allve on 2 7 191 4
7 AGE 7 6 yrs 6 mos 7 ds. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. 7 mos. ds.
9 BIRTHPLACE (State or country) Carroll	Secondary Ouration Ourat
10 NAME OF Jack adams	(Signed) J. Futher Dan, M. D.
11 BIRTHPLACE OF FATHER (State or country) Carroll 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE, TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Clipa adams	Former or usual residence.
16 M. 3 d Shankler full	Elsworth ceretury 3/2 , 191 4
Filed Man: 3 191 4 Oavrust. Shruru REGISTRAR	HBankurd tem Welmister
at more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cssary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anacmia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of "Couvulsions," "Debility" ("Con-Never report



PLACE OF DEATH	1104	104/ STATE OF MA	ARYLAND .
county Carroll	1481	CERTIFICATE	OF DEATH
Journey	-	Registration D	Pist. No. 76
Village or City Westmans		St.; War	[if death occurred in a hospital or Institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE	OF DEATH
1 -	BINGLE,	16 DATE OF DEATH	Λ.
SEA COLON ON NACE	warried, Manuel widdwed, Manuel Drdivorced Write the word)	(Month) 17 I HEREBY CERTIFY, That	(Day) (Year)
B DATE OF BIRTH		100 100 to Le	1 1 11
Selat (Month)	25 , 1859 (Day) (Year)		1914
7 AGE	If LESS that	and that death occurred on the date state	d above at //30 0 m
5 4 yrs 4 mos.	12 ds. 1 day,hrs	The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or			***************************************
particular kind of work. //ouse	Wathe	- Asphydiction	000 00 00 00 00 00 00 00 00 00 00 00 00
(b) General nature of Industry, business, or establishment in		(Buration)	yrsds,
which employed (or employer)		Contributory Chance harrive	congestion
(State or country)	ud	(Beration)	L yrs mos ds.
10 NAME OF FATHER	Selle	(Signed) Semy 2 Fit	, M. D.
O 11 BIRTHPLACE	· Mary	Tel 7, 1914 (Address) Mark	min ster hid
Z (State or country) Mary	lund	*State the DISEASE CAUSING DEATH, OR CAUSES, state (1) MEANS OF INJURY; as TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT dd (2) whether Acciden-
MAIDEN NAME OF MOTHER AMAR.	schardson	18 LENGTH OF RESIDENCE FOR HOSPITALS	
13 BIRTHPLACE OF MOTHER (State or country)	yland	At place in the of death yrs mos, ds. State	yrs, ds.
14 THE ABOVE IS TRUE TO THE BEST O	MY KNOWLEDGE	Where was disease contracted, if oot at place of death?	
(Informant) Jesset Cl	baugh	Former or usuai residence.	
(Address) Mast	minster	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Jeh 2th 1914 Edhri	w. A. Shriver	20 UNDERTAKER	ADDRESS
	REGISTRAR	Frank Chanen	Westman
If more blanks are new	ded, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.: Ward) a hospital or institution. give its NAME instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. Carried (Day (Month) (Year! ORDIVORCEO I HEREBY CERTIFY, That I sttended deceased from DATE OF BIRTH (Day (Year) (Month) TAGE It LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH* was as lollows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs. ____ mos. __ Where was disease contracted. 14 THE ABOVE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

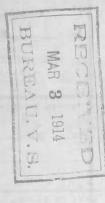
If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOROR RACE 16 DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration)yrs.....mos... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME, TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. State yrs. _ Where was disease contracted. OF MY KNOWLEDGE If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL 15 20 UNDERTANER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 14

REGISTRAR



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exact statement of OCCUPATION is RECORD PERMANENT stated EXACTLY. properly classified. should be UNFADING INK-THIS IS AGE carefully supplied. WRITE PLAINLY, WITH

N.B.

state Very certificate. DEATH in plain terms, so See Instructions on back of CAUSE OF Important.

1 PLACE OF DEATH

STATE OF MARYLAND

County Cassolf	CERTIFICATE OF DEATH
ounty	Registration Dist. No.
Village or Oily Laney town (No. , Person of But 1980)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mode White Single, Married windower, Windower (Write the word) DATE OF BIRTH Month) (Day (Year)	16 DATE OF DEATH Tele 2 bth, 1914 (Month) (Day (Year)) 17 HEREBY CERTIFY, That I attended deceased from the standard deceased
7 AGE 70 yrs. 6 mos. 3 ds. 0R min.?	and that death occurred on the date stated above, at The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or employar) Pertherace (State or country)	Contributory Entern Colitis Secondary
11 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Carroll Go Pad 13 BIRTHPLACE OF MOTHER (State or country) Carroll Go Pad 13 BIRTHPLACE OF MOTHER (State or country) Carroll Go Pad	(Signed)
(Informant) Dangarette Best of My Knowledge (Address) Sauty Town Ind (Address) January Town Ind	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Langitown And Moorich 1, 1914.
Float 1 - 28 101/1 / 1/2 14/10/11	20 UNDERTAKER ADDRESS

Lanestour Hed If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional line is provided for the latter statement; cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age ness of various pursuits can be known. The question eated thus: ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehlldren, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons "Foreman," (0)

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nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnauition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) "Contributory." Aceidental drowning; Struck by railway train-acci which surgical operation was undertaken. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County-A Registration Dist. No. It death occurred in .Ward) a hospital or institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Year) DATE OF BIRTH 1852 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory Secondary BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death yrs. mos. State yrs. ____ mos. __ __ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF It not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations who receive a definite salary), may be entered as statement. material worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

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valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Scnilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



SICIANS should state OCCUPATION Is very CERTIFICATE OF DEATH Registration Dist. No. 74 PHYSICIANS a hospital or Institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE. JSEX 4 COLOR OR RACE WIDOWED. OR DIVORCED -Write the word) 1913 to Leb. 6 DATE OF BIRTH classifled. (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 8.2.5 P. m. 1 day hrs. The CAUSE OF DEATH * was as follows: OR mio. ? mos. properly 6 OCCUPATION AGE (a) Frade, profession, or particular kind of work... (b) General nature of Industry, pe business, or establishment la may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Maryland. that 10 NAME OF FATHER 80 0 pe back .. 191 4 (Address) 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE L At place OF MOTHER (State or country) State 2 DEATH was disease contracted 90 usual residence ō mportant. DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registran & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman," 6

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

childbirth or miscarriage, as "PURRPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-State cause for Never report Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... fif death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE." 3 SEX MARRIED, WIDOWED. WIDOWED, (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. f dayhrs. The CAUSE OF DEATH * was as follows: OR mio. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) State or country) (Secondary (Duration)yrs..... 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Gensus and American Public Health "Association.]

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	Every Item of Information should be carefully supplied, AGE should be stated EXACTLY. P CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (xapringfield State Its [It death occurred in a hospital or institution. of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH LE 3 SEX 4 COLOR OR RACE 5 SINGLE. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH TAGE If LESS than 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION acede Premonie Phytier (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) serice OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted, If not at place of death? The Jas Lecompx 15 26 UNDERTAKER MODRESS REGISTRAR

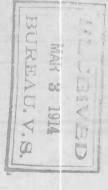
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in Trukaburg St .: Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Married (Month) ORDIVORCED Write the word) I HEREBY CERTIFY. That I sttended deceased from 6 DATE OF BIRTH alive on TEO (Day) (Year) (Month) If LESS Than 7 AGE 1 day hrs. OR min. ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary (State or country) nowland 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. mos. ds. State yrs, ____ mos. ds. Where was disease contracted, 14 THE ABOVE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Branchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEEPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Aster" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



No. 1. ń

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS PLAINLY, WITH WRITE

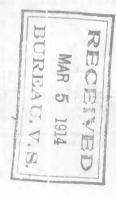
Village or City Manchester (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED. Married. While (Write the word)	16 DATE OF DEATH Fult 7, 1914 (Month) (Day) (Year)
8 DATE OF BIRTH Month) (Day) (Year)	that I last saw have alive on Feb 7 1914.
TAGE The state of industry, business, or establishment in	and that death occurred on the date stated above, at 9 m. The CAUSE OF DEATH* was as follows: Hyperbrothy of Head well: Mubral Regungalations
which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory (Secondary)
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER Many land	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Kentuckey	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
informant) Caller Carlese (Manchele Md	Where was disease contracted, If not at place of death? Former or usual residence
16 Filed 2/8 1914. J. P. Balloger RELISTRAR	Exermination Removal Date of Burial Section 191
if more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may he indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. As examples: the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tudhoid fener (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purpperal septichaeetc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genitai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As: Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Examples:



MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Y. B. No. 1.

PLACE OF DEATH 1491 /9	49 STATE OF MARYLAND
County Gurroll	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Marfieldsburg (No. 2 FULL NAME Catharine Eliz	St.; Ward) St.; Ward) Fit death occorred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temule White Single, Wildow (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	716-23, 1916, to 726-23, 1914
(Month) (Day) (Year)	that I last saw h. A. alive on Jeb 2 3 191 4
TAGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, protession, or particular kind of work (b) Geograf nature of industry,	Apoplery
business, or establishment in which employed (or employer)	(Duration) yrs mos 5 forts
State or country) Maryland	(Secondary) (Duration) yrs mos ds
10 NAME OF FATHER durant ld as was	(Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place lo the of death yrs mos ds, State yrs, mos ds.
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Washelilebring	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Fet-214 1910 Edine Hollering	Wurfseldsburg, Teh 24, 1914
REGISTRAR	Frank 10 Sharran Wistersester

more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purreral scptichaescpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 1492	STATE OF MARYLAND
z county Carrolf	CERTIFICATE OF DEATH
County County	Registration Dist. No
VIllage or City lear Janey town No.	St.; Ward) St.; If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MARRIEO, MOARVIED	16 DATE OF DEATH TO 19th, 1914. (Month) (Day (Year)
6 DATE OF BIRTH Feb 19, 1846	17 HEREBY CERTIFY, Fast I attended deceased from 18 M. 1914, to Yell 19 M., 1914 mat I last saw h Area, allye on Act 19 M., 1914
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at // 145 Pm The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Church Neplintre mos 32 ds
which employed (or employer) PRINTHPLACE (State or country) Udans 60 PARTHPLACE (State or country) Udans 60	Contributory Secondary (Ouration) yrs mos ds
PER CHARLES (State or country) Mikingway	*State the DISEASE CAUSING DEATH, or, to deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden
12 MAIDEN NAME Suga a Black 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 10 THE ABOVE IS TRUE TO THE BEST OF MY TRUE TO	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
CAddress) Anneytown Md 16 Filed Lil-21, 1914 M.B. Hagani	Janey town and Tel 22, 1914 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crond";) Tuphoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular hoart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection used not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report cause for



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Village or City of Law Jungs 1493 Village or City of Law Jungs 1648 (No. 12)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7 [If death occurred in a hospital or Institution, give lis NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MABBISO, WIDOWED, WIDOWED, WIDOWED, WINDWED,	16 DATE OF DEATH (Month) (Month) (Day) (Year) 1 HEREBY CERTIFY, That attended deceased from that I last saw handlive on the date stated above, at 8. C. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many land	(Duration) yrs. mos. ds. Contributory (Secondary)
11 BIRTHPLACE OF FATHER OF State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) Many Land	(Signed)
(Address) Augstal Pro	of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpreal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



No. 80

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PERMANENT RECORD

STATE OF MARYLAND

/	PLACE OF DEATH 1494	STATE OF MARYLAND CERTIFICATE OF DEATH
/ C	ounty Call	Registration Dist, No.
٧	"Illage or City Mr Clery (No	St.; Ward) [If death occurred leads of a hospital or lostitution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Teaching and the second	16 DATE OF DEATH Thy (Month) (Day) (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h was allve on 190 1914
7 A		and that death occurred on the date stated above, at 3 10 mm. The CAUSE OF DEATH* was as follows:
(a pa (b) bus whi	Trade, profession, or relicular kind of work. General nature of industry, iness, or establishmeet to che employed (or employer) IRTHPLACE tate or country) Mary land	(Doration) yrs mos ds. Contributory ulmmary Sutroutris (Secondary) (Doration) yrs mos ds.
RENTS	10 NAME OF Jym JV. Dempsey 11 BIRTHPLACE (State or country) 12 MAIDEN NAME /	(Signed) Army A Aney M. D. , 131 (Address) Mr Gardy MA *State the Dismasse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
147	OF MOTHER MATGINET Q. Sellies 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
((Address) Mr ainy Md. (R. 28)	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL A. A. C.
15 Fil	eller 1-1,1914 Frank Try Len A	20 UNDERTAKER ADDRESS AUTSOWMAN Tul Ciny
	ii more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid piecumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ___ Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For vio-



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very N. B.—Every Item of Information should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be in important. See instructions on back of certificate.

1 PLACE OF DEATH

STATE OF MARYLAND 1495

	nty Carroll	CERTIFICATE OF	DEATH
Coun	ity. Law 220 C	Registration Dist.	81
	-10	Registration Dist.	NO
Villa	ge or City Thurse Bridge (No.	St.; Ward)	[it death occurred in a hospital or institution, give its NAME instead
	FULL NAME Harriet De	990	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
Fe Te	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb. (Month) 17 I HEREBY CERTIFY, That I is	28 ,1914 (Day (Year)
6 DAT	E OF BIRTH	J. A	
	2 - 2 1863	TEV 21 1914 to Feb.	
	(Month) (Day (Year)	that I last saw h & alive on Th	<u> </u>
7 AGE	: It LESS than	and that death occurred on the date stated a	bove, at 6 40 6. m
	57 0 126 t day,hrs.	The CAUSE OF DEATH* was as follows:	
Bass	yrs. mos ds. OR min. ?	arterio selevosis	9
	CUPATION rade, protession, or	Insourity.	
	sular kind of work. Housewift	7	• ** • • • • • • • • • • • • • • • • •
	eneral nature of Industry,	[O]	
	employed (or employer)		yrsds
9 BIR	State or country) Carrelloo, 24d	Secondary (Duration)	UPO MAG da
1	ONAME OF asbury Lewis	(Signed)	Lega, M. D
STN	11 BIRTHPLACE OF FATHER (State or country) Corrello, Un	#State the DISEASE CAUSING DEATH, OF,	in deaths from Carlos
PARENT	2 MAIDEN NAME Mary Harpos	CAUSES, STATE (1) MEANS OF INJURY; and	(2) whether Schinen
-	3 BIRTHPLACE OF MOTHER (State or country) Frederic's 60, Und	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS) At place In the ot death	yrs, ds
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	tormant & Armah Corner	Former or	00000000000000000000000000000000000000
(10	Normall)	usual residence	
1	(Address) NEW Willand Md	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	31.1. / 1. 2.1	MT. Oleve Gru,	<u> </u>
Filed	3/2/19/191 Jaslin Of Eyopo PEGISTRAR	Frank & Shries	Lucy Bridge

If more blank arc needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, many occupations a single word or term on the If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causand death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaethre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The coutributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report For vio-



OCCUPATION HYSICIANS RECORD ENT PERMAN 5 Instructions plai 2 9 ā OF Important. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... It death occurred in a hospitel or Institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at / 1 day hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General neture of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ... 191 . (Address). PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) In the Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Former or (intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, etc. statement. applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous eugaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question ness. If retired from business, that fact may be indibeen changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISTAGE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculasis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Narasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tnmor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



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PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly supplied. pe UNFADING 80 ŏ back plain Instructions = DEATH OF Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.;....Ward) a hospital or institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDDWED, Widower DRDIVDRGED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from that I last saw he alive on tell 2 _______ 19144 (Month) (Day (Year) 7 AGE unknown If LESS than and that death occurred on the date stated above, at 8 approximately - 82 or 83 years 1 day hrs. The CAUSE OF DEATH * was as follows: OR 7 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory I'd age and feble renstance Milkurion 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 4., 1914. (Address) New Winelson PARENT OF FATHER (State or country) /*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ___ ds Where was disease contracted. It not at place of death?... Former or usual residence. 15

(Year)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," cngincer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crond";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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	RECORD	PHYSICIANS should state of OCCUPATION IS very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH 1498	STATE OF MARYLAND
Gounty.	Carroll	CERTIFICATE OF DEATH
County.		Registered No.
	or City Veriou Bridge (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and numbar.]
-	PERSONAL AND STATISTICAL PARTICULAR'S	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIGOWED, OROIVORGEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 DATE OF		
7 AGE	Still birth O yrs. O mos. O ds. OR. 6. min.?	and that death occurred on the date stated above, at norther means as follows:
particular ki (b) General business, or	TION rofession, or ind of work nature of industry, r establishment in yed (or employar)	(Duration) yrs mos ds.
9 BIRTHPL (State or	ACE	Contributory (Secondary) (Duration) yrs, mos, ds,
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₩ 12 MA	AIDEN NAME FRONTER Marin & Powle	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BII OF (Sta	RTHPLACE MOTHER te or country) Frederica Co	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
14THE AB	11 6 8 1 1.71	if not at place of death? Former or usual residence
(Ac	dress, Muon Budge, hold	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed.	20 1914 Edw Hollushad REGISTAR	20 UNDERTAKER Shries Recent Budge
	If more blanks are needed, address State Registran 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not pald Housekccpers should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

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BINDING Œ MARQIN

SICIANS should PHYSICIANS RECORD 10 statement PERMANENT EXACTLY Exac ciass should properly AGE supplied. pe may certificate. that 80 0 back terms. should 0 plain Instructions informstion 2 DEATH See 0 Item OF mportant. Every It

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state Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred to Ward) St: a hospital or Institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 6 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED (Month) ORDIVORCED
[Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mlo. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment lo which employed (or employer) -----⁹ BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ State _____ yrs. ____ mos. Where was disease contracted. OF MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crong"); Typhoid fever (never report "Typhoid paeumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carein-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "PUERPEBAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronk oma. Sarcoma. etc., of .. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can-The nature of the "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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VIIIage of Othy Sykesvelle (No 1	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 74 St; Ward) St; Ward) St; Ward a hospital or institution, give its NAME lostead of sfreet and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, Workind Whele Write the word) S DATE OF BIRTH May 6 1852	16 DATE OF DEATH FIGURALY 4, 1914 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from 1-6. 4, 1914, to 1-6. 4, 1914.
7 AGE (Month) (Day) (Year) 7 AGE 11 LESS than 1 day, hrs. 6 1 yrs. 8 mos. 2 9 ds. OR min.?	and that death occurred on the date stated above, st. S. P. m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs, mos / ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER South Stobibaset 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Duration)
of Mother and Randolfth 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed 2726 5 1914 2000 Registran 15 more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS 1, 8 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -"Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the death respect to the same disease. It is a same accepted form for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-throspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, perifonacum, etc.. Carcinosis of lungs, meninges, perifonacum, etc..

childbirth or miscarriage, as "Puerperal septichac lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accident LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can-State cause for Never report Examples:



N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING 7. B. No. 1.

/cc	PLAGE OF DEATH 1501 Dunty Carrole illage or City Westminister (No. 1) FULL NAME Solomon	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) Instruction in the control of the contro
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7/	nale white (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
a D	(Month) (Day) , Sar	that I last saw here allow on 12h 1 D 1914
7 AG	If LESS than 1 day,	and that death occurred on the date stated above, st
(a) par	Frade, profession, or house ficular kind of work	Chique volvular disiase of
whice 9 BI	General nature of industry, ness, or establishment to the amployed (or employer) RTHPLACE ate or country) Sutterland	Contributory Ledmes, quesal debilit
S	10 NAME OF LOUIT/KNOW 11 BIRTHPLACE	(Signed) (Bury to 45th M. D. + 20/25, 191 (Address) Was transter, but
ARENT	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
41.	Informant) Angustus Humberh	Where was disease contracted, If not at place of death? Former or usual residence
16 File	(Address) Westminster. Md Tels 15, 1914 Edmint Suring BEGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SOUNDERTAKER ADDRESS ADDRESS ALTERNATION ALTER
	If more blanks are needed, address State Registra	6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Indust;; and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

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cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chrowia ter" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No Ilt death occurred in ..Ward) a hospital or institution, give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED, Widowed OROIVORCEO I HEREBY CERTIFY. That I sttended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 2 for m, 1 day, hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Turion 19 redge in the 13 BIRTHPLACE OF MOTHER (State or country) ... yrs. ___ mos. __ ds. State yrs, mos. Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Euren Bres

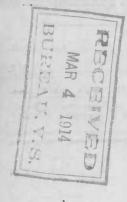
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0 back Instructions plal 2 DEAT 6 PO Important. CAUSE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No if death occurred in Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, Amal WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 1899 that I last saw h have allve on to b (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 9 Outen, 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? me university ~ BOCCUPATION (a) Trade, profession, or particular kind of work. was probably (b) General nature of industry, business, or establishment in (Duration) ______yrs.____mos._\$.1.xds. which employed (or employer) Contributory bullmin BIRTHPLACE Secondary (State or country) (Duration) FATHER (Signed) PARENTS 11 BIRTHPLACE 191 . L. (Address) Traw Windson And OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs, mos. ... Where was disease contracted. It not at place of death? usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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certificate.

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See Instructions on back

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business, or establishment in

9 BIRTHPLACE (State or country)

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11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Informant)

(Address)

OF MOTHER

OF FATHER (State or country)

which employed (or employer)

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PLACE OF DEATH	STATE OF MARYLAND
County Castoll	CERTIFICATE OF DEATH Registration Dist. No
Village or City MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 6 SINGLE, MINONED, WIDOWED, WIDOWED, WIDOWED, WIDOWED (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw has allve on flying xx, 191
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry	With loss of Cardine

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State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 FROTH OF RESIDENCE (FO

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Where was disease contracted,			
If not at place of death?		**************	
Former or			

usual residence	
19 PLACE OF BURIAL OF REMOVAL	DATE OF BURIAL

XWWWWWW 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

adams 60. p

REGISTRAR

BEST OF MY KNOWLEDGE

[Approved by U. S. Census and American Public Health Association.]

cated thus: been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitlon," "Marastheuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canture of the American Medleai Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for genltal," "Senilc," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustiou," For vio-



No. 1. 02 1

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1505 1 PLACE OF DEATH carroll County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	t.;	W	ar	ď	١
	6.9	**	et i	u	,

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** COLOR OR RACE SINGLE, MARRIED, WIOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb 26 , 1915 (Month) (Day (Year)
DA	TE OF BIRTH 5 , 1838 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1914 to Feb. 26, 1914 that I last saw have alive on Feb. 25, 1915
AG		and that desth occurred on the date stated above, at 3.30 F. n The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or the ficular kind of work. General nature of industry, ness, or establishment in	(Duration) yrs mos 8
18	10 NAME OF FATHER James Dappington,	Contributory Secondary Contributory Secondary Contributory Secondary Contributory Contributory Secondary Contributory Cont
RENIS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PARE	OF MOTHER Oliga Gadler. 13 BIRTHPLACE OF MOTHER (State or country) Maryland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT: OR RECENT RESIDENTS) At place of death yrs, mos, ds. Stata yrs, mos, d Where was disassa contracted.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

N. B.-

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

VIIIage or City Sykumiele (Hoping) 2FULL NAME Welliam 5.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Y 23 , 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from June 1913, to Feb. 23, 1914.
Month) (Day (Year)	that I last saw h city alive on Leb 22 1914
⁷ AGE (Modell) (Day (Lear)	and that death occurred on the date stated above, at 5.20 A.m.
6 4 1 dayhrs.	The CAUSE OF DEATH* was as follows:
**Soccupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Cafraina Seletation (Ouration) Situation ds.
9 BIRTHPLACE (State or country)	Contributory Alise and in Neurope and
OF STATHER STATE 10 NAME OF STATHER LUCKUONN 11 BIRTHPLACE OF FATHER (State or country) LUCKUONN 2 MAIDEN NAME OF MOTHER	(Signed) (Duration) (Signed) . M. D. J. D. 23 , 191 (Address) Alpha Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Llubenown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death 13 yrs. 6 mos. 15 ds. State 67 yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence. Ballingon Cely.— Mad.
(Address) Muknown 16 Filed File 24, 1914 William Registrar	19 PLACE OF BURIAL OR REMOVAL OFFICE OF BURIAL 29 UNDERTAKER ADDRESS OFFICE OF BURIAL ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupation, a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenpenal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, sneh as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of lbntory." (Recommendations on statement of Always qualify all diseases resulting from "Senile," etc.), Meusles (disease eausing death), 29 ds.; "Dropsy," The nature of the State cause for "Exhaustion," Never report For vio-



No. 1.

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14

1 PLACE OF DEATH 1507

STATE OF MARYLAND

County Cary Cl	CERTIFICATE OF DEATH
20 1 600	Registration Dist. No.
FULL NAME Manda & Ja	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIDOWED WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Puly 26, 1528. (Month) (Day (Year)	426, 2 1 1914 to 756 28 , 1914 that I last saw h & allve on 756 2 6 1914
AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 5.40 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Course State (b) General nature of industry,	15H
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Contributory Contributory Contributory Contributory Secondary
10 NAME OF PATHER PORT PHILIPPER 11 BIRTHPLACE OF FATHER (State or country) Unknown	(Signed)
12 MAIDEN NAME OF MOTHER MACROWA 13 BIRTHPLACE OF MOTHER (State or country) Makenowa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the of death yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE: (Informant) Haze	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Moiddlebing Jud	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOUGHS CHURCH MOSEL 3, 1914 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease cansing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1914
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH 1508	STATE OF MARYLAND
C	ounty Earroll	CERTIFICATE OF DEATH
	ant)	Registration Dist. No.
VI	Mage or City Union Bridge (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME Storge France	co Harps
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Sungle Chalk Black (Wite the word)	16 DATE OF DEATH (Month) (Day (Year)
6	DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	9-/9-, 18 4 6 (Month) (Day (Year)	that I last saw him alive on Set 7 - 1914
7	AGE If LESS than	and that death occurred on the date stated above, at 2 A m,
	43 4 2 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
) (b	(a) Trade, profession, or particular kind of work	(Duration) yrs — mos 7 ds. Contributory Cardias Delatation Secondary
27	10 NAME OF Thomas W. Harps 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) I va E. Whitehee M. D. Per 10, 1912 (Address) Mew Midsor Md
PARENT	OFFATHER (State or country) Corroll les Mil 12 MAIDEN NAME Martha Thombson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
_	13 BIRTHPLACE OF MOTHER (State or country) Corroll 60 Md	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
14	(Informant) Thomas M. Janks.	If not at place of death?
16	(Address) Muron Dridge Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2-11., 191.4
	Flied	tran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonaeum, etc., Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably genital," "Senile," ctc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head Measles (disease causing (Recommendations on statement of death), 29 ds.; State cause for Never report For vio-



should si NOI OCCUPATION PHYSICIANS RECORD Jo statement PERMANENT tated classified. 4 IS THIS properly AGE INK supplied. pe UNFADING may certificate. 9 jo WITH pinous CO plain Instructions = DEATH WRITE See of Item OF Important. Every It m

state

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St:----Ward) a hospital or Institution, give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR mig. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to which employed (or employer) Contributory 9 BIRTHPLACE (State or country (Secondary) 10 NAME OF FATHER BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo ihe OF MOTHER (State or country _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ___ Where was disease contracted. BEST OF MY KNOWLEDGE If ooi at place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as statement. Never return "Laborer," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Mousemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dro "Collapse." "Coma," "Convulsion: thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can-" "Debility" ("Conrdaustion," For vio-



S. No. 1.

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PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD carefully supplied. that it may be See Instructions on back of certificate. of information should be CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH 1510 CERTIFICATE OF DEATH Registration Dist. No.

Ilt death occurred in

FULL NAME THE C. H.	a nospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OB RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	## 191.3, to ## 2 # , 191 ## that I last saw h. ## alive on ### 2 ## , 191.4
7 AGE 11 LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at # m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Accordance of the Contributory of
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
(Informant) Hoth McO	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed F12 1- 26, 1914 Is. W. Mille Zacal REGISTRAR	Dalling De 1914

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not dnties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thre of the American Medical Association.) canse of death approved by Committee on Nomencla. "Contributory." injury, as fracture of sknll, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated nuless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State canse for Never report



V. S. No. 1.

RECORD PERMANENT XZ

SIGIANS should OCCUPATION IS 90 statement properi supplied. may 80 50 back Instructions plai 0 10 mportant. ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... If death occurred in .. Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEA MARRIED. WICOWED. ORDIVORCED (Write the word) (Month) (Year) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State yrs. ____ mos. Where was disease contracted. 14 THE ABOV If not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-· Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned childbirth or miscarriage as "Puerperal septiehae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State eause for Never report



S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD stated EXACTLY. | PERMANENT supplied. AGE should be simay be properly classifled. 4 PLAINLY, WITH UNFADING INK-THIS IS AGE should of information should be carefully sur DEATH in plain terms, so that it m See instructions on back of certificate. WRITE CAUSE OF

Important.

B. ż 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

[If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
16	ale Colored Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb. 7th, 1914 (Month) (Day (Year)
6 D	ATE OF BIRTH DOLLA 215 CULT	17 I HEREBY CERTIFY, That I attended deceased from 7th 2d, 1914, to 7th, 1914.
	(Month) (Day (Year)	that I last saw h pravailve on Felo 7th, 1914.
7 A	GE 11 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 9 m, The CAUSE OF DEATH* was as follows: Ocute levouhues
(a)	OCCUPATION Trade, profession, or ricular kind of work Stady Soloror	Premiorica Premiorica
bus	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration) yrs. mos & ds.
9 B	(State or country) Cassolt for Jud	Gentributory Secondary (Ouroflee)
rs	10 NAME OF FATHER Millaine Bill 11 BIRTHPLACE	(Signed) Le Pinnie, M. D. 7117, 1914 (Address) Janey troubled
ARENTS	OF FATHER (State or country) Ourself 60	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) James Tout	Where was disease contracted, If not at place of death? Former er usual residence
16 FII	ed Heb 9. 1914 MB Hugari	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS
	If more blanks are and pregistran	To. O. Juss Janestowy Med
	at more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting N. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. Civil engincer, Stationary freman, etc. But in many I'or many occupations a single word or term on the been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the INEMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT NEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; terminal conditions, such as "As-(secondary or intercurrent) State cause for Never report



state PHYSICIANS should of OCCUPATION IS RECORD PERMANENT THIS Y X Z pe supplied. UNFADING may that 80 terms. on back *hould piain Instructions EATH WRITE See 2 OF mportant. Every It m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Carroll Registered No Itt death occurred in St:Ward) a hospital or institution. give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, Ringe Tel 4 COLOR OR RACE 3 SEX . 1914 MARRIED. male WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH 1.896 (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 10 - 12 m t day, hrs. The CAUSE OF DEATH * was as follows: OR 7 Banchal Presendence. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (Secondary) BIRTHPLACE (State or country) 10 NAME OF FATHER Winfield Carroll es 191 44 (Address) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER State _____ yrs. ____ mos. ___ of death yrs. mos. ds. Where was disease contracted. It not at place of death?..... Former or usoal residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UN DERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

causing death, state occupation at beginning of illshould be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duttes of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Greeery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the piseass the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from inus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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OCCUPATION IS RECORD PERMANENT cla proper UNFADING liddns plain = DEATH FO mportant. Lt. Every

Very certificate. 0 back 00 See instructions

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.; Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE SSINGLE 16 DATE OF DEATH MARRIED. WIDDWED (Month) ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that last saw he silve on (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, st 4.30 pm. 1 dayhrs. The CAUSE OF DEATH * was as follows: mos...... OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ mos. 14 THE ABOVE IS TRUE TO Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 16 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

dutics of the household only (not paid Housekeepers applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care (a) Spinner, Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of lujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childblrth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



FOR BINDING RESERVED

V. S. No. 1.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At sehool or At home. Care duties of the household only (not paid Housekeepers mine, etc. statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

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nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." (Recommendations on statement of scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for death), 29 ds.;



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7. S. No. 1.

PLACE OF DEATH 1516	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Ly Resulte (No. Phr.	field Tofutal St; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME // wa Gutt	refe 5 of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Single, MARRIED, Orngle Optioneco (Write the word)	16 DATE OF DEATH FUTUAL 12-, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day) (Year)	that I last saw h. M. allve on Terrary 114 1914
AGE If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 8.30 G. m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Geograf nature of industry, business, or establishment in	Culmonary Tuberculoris - (Cuckurun) (Duration) yrs mos ds.
which employed (or employer)	Contributory (Secondary) (Ouration) yrs mos ds.
10 NAME OF FATHER John Futbrell 11 BIRTHRIAGE OFFATHER	(Signed) John Montock Monis, M. O. Fer 12th, 1914 (Address) S. S. Sof Egkentle ma
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Barah Northurn	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 3 yrs. 6 mos. 2 ds. State yrs. mos. ds.
(Interment) Springfel a Hosp Records	Where was disease contracted, lunkswan it not at place of death? Former or usual residence. Back ma -
(Address) Rykeville. Ma	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 1814
Filed Fieb 12, 1914 WRWTRETTER LUCAL REGISTRAR	20 UNDERTAKER ADDRESS Las Pe Weer Sukervier
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc... Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Reart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Darro Registration Dist. No Ilt death occurred in St:----Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day. hrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) Geoeral nature of industry. business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER State or country State yrs, ____ ds. _____ yrs. ____ mos. ___ Where was disease contracted. OF MY KNOWLEDGE it not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

Ward) St:

[It death occurred in a hospital or institution. give its NAME Instead ot street and number. 1

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from The CAUSE OF DEATH* was as follows: Contributory ... (Secondary) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL ... 191. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

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[If death occurred in a hospital or institution, give its NAME instead of street and number.]

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MEDICAL CERTIFICATE OF DEATH 2.1

DATE OF DEATH

DATE OF DEATH	Tel	13	.1914
	(Month)		Ma (Year)
17 I HER	EBY CERTIFY, That	I attended	deceased from
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hat I last saw h	allve on 7.44	1.3	
and that death occur	red on the date state	d above, at.	4 Pm.
The CAUSE OF DEAT	TH* was as follows:		
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dy W 134 , 191 A	4. (Address) Neu	Wind	Con made
*State the DISEAS CAUSES, state (1) TAL, SUIGINAL, or H	SE CAUSINO DEATH, O MEANS OF INJURY; & IOMICIDAL.	r, in deaths and (2) wh	from VIOLENT ether ACCIDEN-
At place of death yrs, Where was disease contrac If not at place of death? Former or usual residence	In the mos. State .		
19 PLACE OF BURIA	L OR REMOVAL	DATE OF	BURIAL

15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thns: Farmer (retired 6 yrs.) For persons duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," ungnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Sentle," etc.), "Dropsy," "Exhanstion," thenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tctanus) injury, as fracture of sknll, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage, as "Puerpenal scptichac-"Collapse," "Coma," "Convulsions," "Debility" ("Conthre of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) State cause for Never report



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

N. B.

Cour	1 PLACE OF DEATH 1520 nty Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	2 FULL NAME Margeret am	St.; Ward) [It death occurred in a hospital or institution, give lits NAME instead
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX	male White 5 single, married with word (Write the word)	The Date of Death (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DAT	TE OF BIRTH	7-eb / 1914, to 7-eb 7 1914,
	(Month) (Day (Year)	that I last saw h alive on 7.10 7 ,191.4
7 AGE		and that death occurred on the date stated above, at $12 \dots P$ m. The CAUSE OF DEATH \star was as follows:
(a) T partie (b) 6 busine which	CUPATION Trade, protession, or House Wife General nature of Industry, ess, or establishment in a employed (or employer) ITHPLACE State or country) & arroll &	(Ouration) yrs mos 8 ds. Contributory Cestimi Sclernin
	10 NAME OF Jacob Snader	(Signed) (Duration) yrs mos ds.
M _	11 BIRTHPLACE OF FATHER (State or country) Carroll Cei 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
14 TH	OF MOTHER MURICA am hall 13 BIRTHPLACE OF MOTHER (State or country) Ce arrell Lis IE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE INTORNANT MARS Philip B. Snader	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15 Flied	Feb 10 th 1814 & Sdugad West	19 PLACE OF BURIAL OR REMOVAL Pipe lereck. Cametry 2/10 , 1914 20 UNDERTAKER ADDRESS WELLMINDER trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligmia," "PUERPERAL peritonitis," etc. mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State canse for Never report



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT supplied. UNFADING back fons plai Instruct DEAT Jo 10 mportant. M CAUSI

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred inWard) a hospital or institution, givo Its NAME Instead of Street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. DATE OF DEATH 4 COLOR OR RACE MARRIED, Marria WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw home, allve on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. State yrs, _ ds. Where was disease contracted. If not at place of death? Former or usual residence OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanns) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably snicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	AGE should be s properly classified.
UNFADING	carefully supplied, o that it may be if certificate.
PLAINLY, WITH	rmation should be I in plain terms, s tructions on back o
WRITE	N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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1	4700	1048
	PLACE OF DEATH 1522	STATE OF MARYLAND
	ounty Carroll V	CERTIFICATE OF DEATH
	ounty	Registration Dist. No. 76
V	illage or City of Westmanster (No	St.; Ward) [If death occurred in a hospital or institution.
	FULL NAME Rachel Aberilla	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 p	ATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
	Jan. 16 1841	Job 19109 to Feb 14" 19134
	(Month) (Day) (Year)	that I last saw h 12 alive on Fet 7 2 1914
TAG	If LESS than f day,hrs.	and that death occurred on the date stated above, at 3 9 m.
	7 3 yrs mos. 28 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Prade, profession, or	
pai	ticular kind of work A Mone	Chronic myoran dial definereties
bus	General nature of Industry, ness, or establishment in	(Duration) 3 - yrs. mee ds
	ch employed (or employer)	
(8	RTHPLACE (ate or country) Maryland	(Secondary)
	10 NAME OF	(Ouration) yrs mes ds.
	FATHER John Grackingham	(Signed)
ARENTS	OF FATHER (State or country) Many loud	*State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER SOLAR NOOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTA) Af place lo fhe of death yrs mos ds. State yrs mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
1	Informant) John Nelson	Former or
	Jul West	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(Address) Ullaministy	Smallward Set 16, 1914
File	20/1 15 1914 Polyon Money	20 UNDERTAKER ADDRESS .
FIII	REGISTRAR	Trank to Sharren Westwinst.
	Te many blanks are norded address State D. L. L.	I de la companya del la companya de

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

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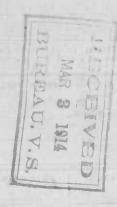
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH (assale Registration Dist. No. 74 Lif death occurred in a hospital or institution, give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SFY 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, Ling WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That i attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs OR nin. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. If not at place of death? usual residence. DATE OF BURIA 16 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacete., when a definite disease can be ascertained as the ralvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci such, if impossible to determine definitely. Examples: which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affectiou need not be stated unless important. "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 State cause for Never report For VIO-



SICIANS should PERMANENT = DEATH WRITE ō OF Every

certificate. 50 back Instructions mportant.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED (Month) (Dav (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1865 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 9,30 1 day,hrs. The CAUSE OF DEATH* was as follows: OR nin. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory (Duration) 10 NAME OF FATHER 11 BIRTHPLACE Elevin 2 191 4 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF ITOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs, ____ mos. ... Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekccpers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eere-brospinal meningitis"): Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

thenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. naut neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: mia," "PUEBPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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SICIANS should OCCUPATION IS RECORD o Exact statement RMANENT EXACTLY. classified. properly supplicemay b UNFADING piain of inform DEATH See instr WRITE Item Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in Village or City St.:....Ward) hospital or institution, give Its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEY 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 191.4 WIDDWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day.....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributor (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE, 191..... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER (State or country) of death yrs. mos. ds. State yrs. __ Where was disease contracted. If not at place of death? Former or usuai residence (Address) 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are newles, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914 BUREAU, V.S.

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIEO, WIDOWER, 4 COLOR OR RACE OROIVORCED (Write the word) ONTE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than t dayhrs. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? (intormant). usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address)..... 15 20 UNDERTAKER

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.]

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16 DATE OF	DEATH	Feb	18-	, 1914
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that I last sa	W hacin a	live on Fil	27	, 1914
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and that daar	th occurred	on the date state	id abova, at / /	3.0 6 m,
The CAUSE	OF DEATH	was as follows:	.D.	न है
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CAUSES, ST	are (1) ME	ANS OF INJURY:	and (2) wheth	er Acciden-
TAL, SUICH	DAL, or HOM	ICIDAL.	The same	
18 LENGTH	OF RESIDE	CE FOR HOSPITAL	S, INSTITUTIONS	TRANSIENTS
OR RECENT	RESIDENTS)	T. Atlan	J. 17. 10. pa	

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

statement. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gaiufully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dculer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line-is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the nisease Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, (b), Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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MAR 8 1914
BURRAU, V.S.

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1 PLACE OF DEATH

Village or City Reur			19/	RTIFICATE (Registration DSt.;Ward	ist. No. 80
PERSONAL AND ST	ATISTICAL PARTICULAR	s	MEDI	CAL CERTIFICATE	OF DEATH
7 sex Colorof Hemale Whit	RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word	dowed.	16 DATE OF DEATH	FEV CERTIFY The	(Day (Year)
6 DATE OF BIRTH	Month) (Day	, 1828 (Year)	gan 1 that I last saw hex	, 191.2, to £	2
7 AGE Sec	> mos 2 ds	4 day has I	and that death occur The CAUSE OF DEA	Ch.	ed above, at 3 300. m
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OF TATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Lambert Eurrell		(Signed) 191	4 (Address) The	hice , M. D
13 BIRTHPLACE OF MOTHER (State or country)	Cherin Sy Carroll	neder	18 LENGTH OF RESI OR RECENT RESIDEN At place of death yrs	DENCE (FOR HOSPITAL (ITS) in the mos ds. State	yrs, mos, ds
(Informant)	tollenhang	h	Where was disease contra- If not at place of death? Former or usual residence		
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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St ;.....Ward) a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Day) ORDIVORCEO HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at ... 1 dayhrs. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death yrs. mos. ds. State Where was disease contracted. If not at place of death? usual residence DATE OF BURIAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

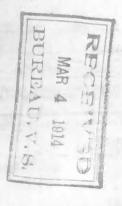
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[Approved by L. S. Census and American Public Health Association.]

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occorred to St: Ward) a hospital or institution. give its NAME joslead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from OF BIRTH (Month) (Day) . (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 day / 2 hrs. OP min ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) Geoeral nature of industry. business, or establishment in (Duration)yrs.....mos.... which employed (or employer) -----Contributory..... ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-04 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo fhe OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. MY KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;



state

RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St:----Ward) a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, Marriel (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1869 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH OR min. ? 8 OCCUPATION (a) Trade, protession, or (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 4 (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER / 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. 14 THE ABOVE IS TRU Where was disease contracted. If not at place of death?. Former or (Informant) usuai residence 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

calvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansensis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerpeeal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (mcrely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of kead-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



N. B.

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1531	
1 PLACE OF DEATH	STATE OF MARYLAND
County 602211	CERTIFICATE OF DEATH
	Registration Dist. No. 70
Village of City Harney (No.	St.; Ward) [If death occurred in a hospital or institution,
FULL NAME Slaviel &	give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIEO, MONGOLO MIDOWED CO.	Month) (Day (Year)
Hall While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191, to
726 28 ,1860	that I last saw have alive on tel. 17th 1914
7 AGE (Month) (Day (Year)	
F3 11 (2) I day,hrs.	and that death occurred on the date stated above, at
O.O. yrs. / mos. / ds. OR min. ?	The GAUSE OF DEATH× was as follows:
8 OCCUPATION (a) Trade, profession, or 7	1 1 Mallet
particular kind of work fract foreness	
(b) General nature of Industry, business, or establishment in	71
which employed (or employer)	(Duration) yrs mos / 444 or.
State or country) Mukenvon	Secondary (Danker)
1D NAME OF FATHER L. O. I.	(Duration) yrs mos ds.
- Derry Scherelger	(Signed), M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Main NAME OF MOTHER	Tel. 17 1914 (Address) July Jand
(State or country) Dermany	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidentally and (3) whether Accidentally and (4)
W 12 MAIDEN NAME OF MOTHER	TALL, DETERME, OF HOMEGRAD.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	at place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
for a Calarina	If not at place of death?
(Informant) Character College	usual residence
(Address) Just Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 4 1 200 71	Hanover Pa Feb 19 1914
Filed Full-17 1914 My Baffagan	20 UNDERTAKER ADDRESS

BESTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, ctc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Mcastes (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; Ex-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 8 1914
BURBAU, V.S.

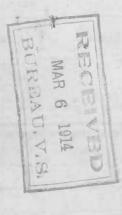
	1 PLACE OF DEATH	CTATE OF MADVI AND		
		STATE OF MARYLAND		
Cou	nty Carroll	CERTIFICATE OF DEATH		
Villa	go or City Westminston Res	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	ale Black Single, single MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Feb, 2 , 1914 (Month) (Day (Year)		
6 DATE OF BIRTH		1 HEREBY CERTIFY, That I attended deceased from		
	may 2, 1912	that I last saw h alive on 7th. 1		
7 AGI	(Month) (Day (Year)			
	1 dayhrs.	and that death occurred on the date stated above, at		
8 00	CUPATION	Droneto premissia		
parti (b) (busin	rade, profession, or Providence of Industry, Beneral nature of Industry, Bess, or establishment in Bemployed (or employer)	(Duration) yrs. mos. 4 ds.		
	State or country) Carroll Ind	Secondary Secondary		
	TO NAME OF Relief Shellen	(Signed) 1 (Buration) yrs mos ds.		
11 BIRTHPLACE OF FATHER (State or country) (State or country)		, 191 4. (Address) AV VS		
		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
	13 BIRTHPLACE OF MOTHER (State or country) Courroll nd	At place in the ot death yrs mos ds. State yrs mos ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Red Sheffer		Where was disease contracted, If not at place of death? Former or usual residence		
(Address) Westminster and		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed	Feb 4 - 1914 Edward Shriver	20 UNDERTAKER ADDRESS		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1				

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid fneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Causepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 1533	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Milery, (No. 2FULL NAME Frank Ste	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give Ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Much Stringle, Medown Widows (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That, I attended deceased from
Month) (Day) (Year)	that I last saw have alive on February 27, 1914,
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2-30 m, The CAUSE OF DEATH* was as follows:
which employed (or employar) BIRTHPLACE (State or country) Mary laced	(Duraflon) yrs. mos. ds. Contributory (Secondary) (Duraflon) yrs. mos. ds.
10 NAME OF FATHER Meekeenon 11 BIRTHPLACE OF FATHER (State or country) Meekee over 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Signed), M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Mekerown 13 BIRTHPLACE OF MOTHER (State or country) Weekerown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Have To THE BEST OF MY KNOWLEDGE (Informant) Have To The Best OF MY KNOWLEDGE (Address) Mr acco. The Best OF MY KNOWLEDGE (Address) Have To The Best OF MY KNOWLEDGE (Address) Have To The Best OF MY KNOWLEDGE (Address) Recognition of the Best OF	Where was disease contracted, If not at place of death? Former or usual rasidence. 19 place of Burial or Removal Locust Grow B. Pend Man Let., 1914 20 UNDERTAKER ADDRESS Which Carry
lf more blanks are needed, address State Regls trar, 6	

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "Puerperal septichaccause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-thenia," "Anaem'a" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Kart failure," "Haemorrhage," "Inanitlon," "Maras valvular heart disease; Chronic interstitial nephritis Bronchopncumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for malls The contributory "Old Age," "Shock," 'Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (secondary (name origin; "Canor intercurrent; death), 29 ds. State cause for Examples:



PLACE OF DEATH 1534	STATE OF MARYLAND
PEACE OF BEATA	CERTIFICATE OF DEATH
County Corrocc	Registered No.
In The found	[if death occurred ie
Village or Gity "illieoutoun" (No,	St.; Ward) a hospital or lostitution, give its NAME instead
* PULL NAME Hacttie & J	elle Aualloood of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jecuale Colors (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH Seles 20th 1914	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or	Dies to Williony
(b) General nature of iodustry, business, or establishmeet le	(Ouration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country) Maryland	Contributory (Secondary)
10 NAME OF Star & Amallwood	(Signed) (Signed) , M. O.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
of Mother tallie B. Mullan	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Verdicing	At place In the of death yrs, mos, ds. State yrs, mos ds.
(Informant) blue for the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Licensol Mil	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAK
Filed Get. 20th 1914, grsss J. Bilmyrs.	Tather Linword Int
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . ture of the American Medical Association.) The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 3 1914
BUREAU, V.S.

RECORD PERMANENT UNFADING

PHYSICIANS 0

CCUPATION may 0 back 6 plain instructions DEATH OF mportant ш Every

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lit death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, THE alfended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above 1 day 2 hrs. The CAUSE OF DEATH * was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in Which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) Attte the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place (State or country) of death _____ yrs. ____ mos. ____ ds. State Where was disease contracted. It not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereuctesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The unture of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State-MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "laanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



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	-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Gounty.... Registration Dist. No. It death occurred to St.:....Ward) a hospitel or institution. give its NAME lostead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWEO, (Month) OR OIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above. 1 dayhrs. OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in yrs mos L6 ds. which employed (or employer) -----Contributory ... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE K OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country) ot death _____ yrs, mos. ds. State yrs, ____ mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?... Former or (intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1.5 20 UNDERTAKER ADDRESS REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report



W. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1537 1 PLACE OF DEATH County Carroll =

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Mi death occurred to

* FULL NAME Mary Stephan	give its NAME lostead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale While Sangle, Widow on Diverce (Write the word)	16 DATE OF DEATH The 27, 1914 (Month) (Day) (Year)
F DATE OF BIRTH Suff 3 , 1840 (Alonth) (Day) (Year) 7 AGE If LESS than	that I last saw he alive on Fall 26, 1915, and that death occurred on the date stated above, at
73 yrs. 9 mos. 24 ds. or. mio.? B OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry,	The CAUSE OF DEATH* was as follows: Believes Calcula: + Hefalilis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Carroll Co. Mary land.	Contributory (Secondary) (Buration) yrs mes ds.
10 NAME OF FATHER Henry Leisler 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mulknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted.
(Interment) Lee Dryder (Address) Historiansles Red.	If not at place of death? Former or usual residence
Filed 3/ / 1914 P. P. Ballow RECISTRAR	A John's deisters Censlay March 2, 1914. 29 UNDERTAKER M. Stone Westmiles Md.
If more Manks are needed, address State Registra	É E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcinosis

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Filed 2

PHYSICIANS Should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. classifled. 4 pinoda THIS properly AGE NX supplied. be UNFADING may that it mi Carefully 80 10 WITH pe plain terms, r should PLAINLY, instructions of Information _ DEATH WRITE See CAUSE OF Important. ø

1 PLACE OF DEATH 1538 County Viliage or City ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WICOWEO, (Write the word) 6 DATE OF BIRTH (Day) (Month) TAGE It LESS than 1 day,hrs. OR min. ? mos. 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country Where was disease contracted. 14 THE ABOVE IS TRUE MY KNOWLEDGE It not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St:Ward)

[It death occurred in a hospital or institution. give its NAME Instead of street and number. 1

ME	DICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	Jeb (Month)	(Day) (Year)
17 . I HE	REBY CERTIFY, That I	
Veb-	1913 to 7-el	- 6 th 1914
	allye on Fe	
and that death occu	rred on the date stated a	bove at 7 Pm
The CALLSE OF DE	ATH* was as follows:	
Contributory	(Duration)	
(Secondary)	(Duration) ?	
Fob 1 , 191	4 (Address) Mane	luster, Ind
*State the DISEA CAUSES, state (1) TAL, SUICIDAL, OF	ASE CAUSING DEATH, or, In MEANS OF INJURY; and HOMICIDAL.	deaths from VIOLENT (2) whether ACCIDEN-
18 LENGTH OF RES OR RECENT RESIDE	IDENCE (FOR HOSPITALS. II	STITUTIONS, TRANSIENTS,

	OR RECENT RESIDENCE	FOR HOSPITALS, INSTITUTIONS, T	RANSIENTS
Ì	At place	In the	
	ot death yrs mos	ds. State yrs, mo)s ds

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglits"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

W. S. No. 1.

1 PLACE OF DEATH 1539	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carrier	Registered No. 74
Village or City Elders burg (No	St; Ward) [It death occurred a hospital or institution give its NAME inste
*FULL NAME David C. H	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	(Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased Iro
e DATE OF BIRTH (Month) (Day) (Year)	Jan 16, 1914, to 1-et. 25, 1914
7 AGE 11 LESS than 1 dayhrs. — ds. ORmin. ?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) — yrs. / mos. —
9 BIRTHPLACE (State or country) Maryland	Gontributory (Secondary) (Duration) yrs
10 NAME OF David Welsh	(Signed) 911 Day 412, M.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
of Mother Mary adams	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	of death yrs. mos. ds. State yrs. mos.
(Informant) Julie a. V. Welsh	Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Eldersburg	Bullinine Cit Fello 27 1914
Filed File 25, 1914 Willer REGISTRAR	20 UNDERTAKER DE LA ADDRESS AND TR Weer Buskesman
If more blanks are needed, address State Regists	far/6 E. Franklin St., Balto., Requesting V. S. No. 7.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) schnis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichac-Cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. gcnital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronio oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Brenchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



W. B. No.

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is yery important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 1540 County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Patafisco (No	Registration Dist. No. 3 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wisowest, Or Diverces (Write, the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended deceased from
Company Compan	2/2/, 191 4 to 2/2/, 191 4, that I last saw h analive on 2/2/, 191 4
Syrs. 2 mos. 24 ds. OR min.? B OCCUPATION (a) Frade, protession, or particular kind of work (b) Generat nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH was as follows: Centre Condison (Duration) yrs mos ds. Contributory Asteris Sclesse's
10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally.
OF MOTHER NOT Known 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Win Win H Westerray (Address) Patalosco	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed The sa , 194 m flater REGISTRAR	Scurdyville Teb 23, 1914. 20 UNDERTAKEN ADDRESS
If more blanks are needed, address State Registration	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not wbo receive a definite saiary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thre of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and Qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 1541	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City William (No. 1994)	[It death occurred I a hospitat or institution give its NAME instead of street and oumbar.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE SAINGLE, MARRIED, WIDOWTO, OR DIVERCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from [1912], to F
(Month) (Day) (Year)	that I last saw h. L. alive on T. L. 3 191
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Frada, profession, or particular kind of work. (b) General nature of industry, business, or establishmant in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributors (Secondary) (Buration) 7 yrs mos ds (Signed) , M. D.
11 BIRTHOLAGE OF FACHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs
(Address).	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF GURIAL
Filed Jest 2, 1914 W. W. REGISTRAR If more blanka are needed, address State Registra.	20 UNDERTAKER ADDRESS ADDRESS ADDRESS F, 6 B. Franklin St., Balton, Requesting V. S. No. 1.
noted by the state of the state	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE minc, etc. (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative mealthful-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies

cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can he ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not he stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Never report



V. S. No. 1.

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PLACE OF DEATH 1542 County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2FULL NAME	St.; Ward) a hospital or institution, give lts NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OF RACE MARRIED, WIDOWED. ORDIVORCED ORDIVORCED Write the word)	OMOnth) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on 7 d 2 4 , 191 4
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at # 272 m. The CAUSE OF DEATH* was as lollows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) Mrs. mos. ds. Contributory M., Mullis Many Many Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (Street or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	(Signed)
(Interment) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

st., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, (a) Spinner, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indivery important, so that the relative healthful-Never (b) Cotton mill; (a) Salesman, return "Laborer," Laborer-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras geuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations ou statement of State cause for Never report For vio-



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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. classified. should properly AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate. CAUSE OF Important. S m ż

PLACE OF DEATH 1543 County Cassolf (No. 1997) Village or City Bark Hill (No. 1997) 2FULL NAME John 6 MA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED MODIFORM MIDDLE MIDLE MIDDLE MIDLE MIDDLE MIDDLE	16 DATE OF DEATH They 12, 1914 (Month) (Day (Year) 17 April HEREBY CERTIFY, Dat 1 attended deceased from 1914.
(Month) (Day (Year)	that I last saw half allve on Jeley 10th, 191
yrs. S mos. 5 ds. OR min.? BOCCUPATION (e) Trade, profession, or Betweed Harsulf (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 6 92 m, The CAUSE OF DEATH* was as follows: Lettered let os is, with Lettered let os is, with Early with Lichard Buration llyther occurs.
(State or country) Carroll bo Asch	Gontalbuterys (Duretjon) yrs mos ds,
11 BIRTHPLACE OF FATHER (State or country) Frederich Go Md 12 MAIDEN NAME OF MOTHER VALLEY, Shaw	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Uniteriore	At place in the ot death yrs mos ds. State yrs mos ds
(Interment) Os Cas Manghat	Where was disease contracted, It not at place of death?
(Address) Shellsburg His	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LEWINGTON HA
middle 13th where It Bill all	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitlon," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valeular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in St.:...Ward) a hospital or institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH 16 DATE OF 5 SINGLE WHOOWED, (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. State (State or country) Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRES REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPEBAL peritonitis." etc. childbirth or miscarriage. as "Puerperal scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head 'Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Examples:

